Approved for use through 7/31/2008, OMB 0851-0757

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. PATEI	NT APPLICATI	ON FEE DE	TERMINATI	ON	PECORO	injornation ju	riess it die	HEYE SYNIN OM	Control surribe	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								10/065,376		
CLAIMS AS FILED - PART I								7003	177	
	(Cotumn 1)	(Column 2)	_	SMALI	ENTITY	OR		ER THAN LENTITY	
FOR MUMBER FILED BASIC FEE		ED MIL	MOER EXTRA		RATE	FEE	٦.			
ρ7 CFR 1.16(a))		•					-1	RATE	FEE	
DOTAL CLAMS BY OFR 1.18(c))				1		┦╩ ━	OR			
INDEPENDENT CLAMS	may	. 20 •		1	× 8		OR.	· X ;		
₽7 CFR 1.18(b))	thinu			H	x 8 :		1 _	 	 	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))						+	- I OR	147		
· · · · · · · · · · · · · · · · · · ·					+5	-	J OR	48		
* If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL	1	OR	****		
CLAIMS AS AMENDED - PART II										
la _ ma										
3-25-66 1	Column 1)	(Column 2	(Cohuma 3)		SMALL	ELOTTO	OR	OTHER	THAN	
< .	CLAIMS EMARING	HIGHEST		A	UNIALL	CHILL		SMALL	ENTITY	
\(\)	AFTER	NUMBER PREVIOUSL	PRESENT Y EXTRA	И	RATE	ADD1		RATE	ADDs-	
Total ·	MINUS MINUS	PAID FOR		L		FEE	Y	""	TIONAL	
(2) CES (1,10(1))	19	040	1. 7		X 5	/	1	 -	FEE	
Total (Decreted of or or a 1.18(1))	4inu	7	1.	ŀ		/-	OR	<u> </u>	-	
FREE PRESENTATION	# OÉ M # 7 10 5 05 00		┸┈/-┥	-	× 8		OR	×5+.		
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)					+1	/ .	OR	+;		
1/12/10					TOTAL	7		TOTAL	/ -	
. 10		ADD'L FEE		OR.	ADOL FEE					
0 8/ 1	otumn 1)	(Column 2)	(Cotemn 3)	_				•		
1 V/A . / 1 KF	MAINING AFTER	NUMBER	PRESENT		RATE	ADDI	1			
Z /06 AM	ENDMENT	PREVIOUSLY PAID FOR	EXTRA	1		TIONAL	- 1	RATE	ADDI- TIONUL	
CO CHE 1.NG(2)	10 Minus	20	- 7	r		- FEE			55€	
Total	/ Miras	200	1. 31	Ľ	<u>'</u>		OR ·	33		
3		3		Ŀ	-		-02 f	x		
PULST PHEADMATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.18(4))										
							OR [+1		
9-21-06 (Column 1) (Column 2) (Column 3)					DOLFEE		OR	TOTAL ADD'T FEE		
	LAIMS	(Cotumn 2)	(Column 3)		/	_			\neg	
U] DE	MAINING	HIGHEST NUMBER	PRESENT	7			்டா			
AME	FTER NOMENT	PREVIOUSLY PAID FOR	EXTRA	1	RATE	ADDI- TIONAL	/ [RATE	ADDI .	
D) OFR CIGO	Mirrus	- C	 /	-		FEE	/ L		FEE	
Z Independent - F	Minus	~ 0		×		1/	OR I		/-	
Total Drofa (14(2) Independent Of CPR (140)	/		* /	×		— <u>-</u> -			-/	
PERST PRESENTATION OF MULTIPLE DEPONDENT CLAIM LIT CER LIVER						 A·	OR L	· · · ·	/	
/ OR A									/ • [
If the entry in column 1 is less than the							OR A	OIAL /		
6 the "Highest Number Deadown 2, write "Vin column 3,										
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2".										
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate hand.										

This collection of information is required by 37 CFR 1.16. This information is required to obtain or retain a bernefit by the proble which is to the (and by the proble which is to the (and by the proble which is to the (and by the including pathering, preparing, and submitting the completed application form to the USPTO, Time will vary depending upon the individual case. Any comments and frademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TD: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.